

NLN USER REGISTRATION FORM

Personal Data Privacy Act of 1974

Sections A,B, and C to be completed by the requestor or their representative (e.g., Terminal area Security Officer (TASO) or Activity Approval Authority (AAA). Section D to be completed by requestor's supervisor or COTR, local security or personnel department, and the AAA. Please print or type all information except signatures.

A. NAME: LAST _____ FIRST _____ MI _____
REQUEST TYPE: NEW DELETE MODIFY (Explain) _____ DATE _____
SSN _____ TELEPHONE _____ DSN _____
ACTIVITY OR COMPANY _____
ADDRESS _____ ORGANIZATION CODE _____

CONTRACT NUMBER, EXPIRATION DATE, COTR NAME & COTR ACTIVITY (if applicable):

_____ FOREIGN NATIONAL: YES NO

B. Provide requestor's NLN User-ID (3-digit NAVDAC Site Code followed by 4-digit Individual Access Code (IAC: unique user identifier). If NAVDAC Site Code is unknown, AAA should enter IAC in NLN User-ID field. Leave JCN blank. Enter Tandem information if applicable. The User Name field of the Tandem User-ID should be the same as the NLN User-ID.

NLN USER-ID _____ JCN _____
TANDEM USER-ID _____ TANDEM GROUP # _____ TANDEM USER # _____
Group Name, User Name

TANDEM TERMINAL ID(s): _____ TERMINAL TYPE: _____ NEW TO NLN (YES OR NO) _____

C.	REQUESTED ACTIVITY/HOST SYSTEM	REQUESTED SYSTEM(S)/APPLICATION(S)	JUSTIFICATION
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

NOTE: Use back of this form to request additional resources.

ACTIVITY CODE(S): _____

D. Obtain signature of the requestor's supervisor. If the requestor works for a contractor, COTR signs for supervisor. Then obtain Personnel Security Investigation information from local security office or personnel department and the signature of the person verifying the security information. Next, obtain the signature of the Commanding Officer's AAA. The AAA signature certifies the validity of the requestor and request, and the information supplied.

SUPERVISOR or COTR: _____
Signature and Date Print Name and Telephone Number

PERSONNEL SECURITY INVESTIGATION: _____
Type Agency Date

SECURITY INFORMATION VERIFIED BY: _____
Signature and Date

AAA: _____
Signature and Date Print Name and Telephone Number(s)

This form requests that you provide your Social Security Number. As required by 5 U.S.C. 552a (the Privacy Act of 1974) and the SECNAVINST 5211.5C, the following information concerning this request is provided. Authority: 10 U.S.C. 5031; Purpose: To identify users requesting access to NLN in the event of duplicate names; Routine Uses: The Blanket Routine uses published in the Federal Register apply to this system; Disclosure: Disclosure is mandatory, failure to provide the requested information may result in access denial.